



City of Deer Park Alarm Permit Application

Name: _____ D.O.B: _____

Address: _____ City _____ State ____ Zip _____

Applicants Phone Number: (____) _____ TX. Drivers License: _____

Alarm Site Address: _____ **Apt #:** _____

Business Name (if applicable): _____

Alarm system type: Local _____ Burglar _____ Robbery (Hold Up) _____ Other _____

Alarm System Business installing alarm: _____

Consenting Local Emergency Contacts (At least two are required)

Name: _____ Phone # (____) _____

Name: _____ Phone # (____) _____

Name: _____ Phone # (____) _____

Or: Alarm System Business with name and phone number of two (2) local emergency contacts:

Name: _____ Phone # (____) _____

If alarm site is a residence or individual apartment, the name / ages of ALL other residents:

_____/_____/_____

_____/_____/_____

By signing this application, I acknowledge that I have read this application and affirm to the correctness and accuracy of the information on it. I further agree to comply with all requirements set forth in Deer Park Municipal Ordinance number 2804 governing use of alarm systems within Deer Park. Additionally, I authorize the release of all information specified in section 10 of this ordinance to the Deer Park Police Department.

Applicant Signature: _____ Date _____

FOR OFFICE USE ONLY:

All applicable fees have been paid: _____

Permit number issued: _____ **Date issued** _____